CHECK ONE:  ☑ This is an initial* Statement of Organization	Reset Form	DR-1 (Rev. 8/2011)	OF ORGANIZATION	
This is an <b>amended*</b> Statement of Organization * Statement must be filed within 10 days of committee accepting contrincurring debts exceeding \$750. Amendments must be filed within 30 Effective January 1, 2011, ONLY county/local committees with less thusing these forms. All other committees must file their statements and	ributions, making expenditures, or days of a change. In \$2000 in campaign activity may file	For Office Use Comm. # Indexed Audited Computer	Only 19258	
COMMITTEE NAME ↓ ↓ (A candidate's committee must include			amending committee name,	
put old name in ( ).  Mark Murphy for County Recorder			OI H MA	
IMPORTANT: Indicate type of committee you are reporting for:  (1)Statewide/Legislative/Judge Standing for Retention Candidat  (5)County Candidate (6)City Candidate (7)School Board or O  (10)School Board or Other Political Subdivision PAC (11) Ballo	te (2)Statewide PAC (3)State Party ( Other Political Subdivision Candidate (	8)County PAC (9	)City PAC	
COMMITTEE TREASURER (mandatory for all committees)	COMMITTEE CHAIR (mar	datory except for a	candidate's committee)	
Name ↓ ↓	Name ↓ ↓	,	<b>:</b> 22	
Ginger Walker	Mailing Address ↓ ↓		6 0	
Mailing Address Bluff St				
City, State J Zip Code Cherokee, IA 51012	City, State ↓ ↓ Zip Code ↓	<u> </u>		
Phone (712 ) <sup>229-9117</sup>	Phone ( )			
e-Mail glwalker74@gmail.com	e-Mail			
INDICATE PURPOSE OF COMMITTEE - Check One Box		Advocate for ballot i	ssue(s)	
Comment or description: Advocate for Mark Murphy for All Candidates Enter:		Advocate against ba	allot issue(s)	
Office Sought: County Recorder	County: Cherokee			
Political Party (if applicable) Republican	(If active in multiple ballot is	ssue elections, attac	h list of counties	
District: n/a	Date of Election: 6/3/14 a	and 11/4/14		
Year Standing for Election: 2014  Bank Account Name (must match committee name)	Candidate name & Address or	Parent Entity (PAC		
<b>*</b>	<b>+ +</b>	Affiliate, or Spons	or	
Mark Murphy for County Recorder	Mark Murphy			
Name of Financial Institution/type of Account ↓ ↓	Mailing Address ↓ ↓			
Cherokee State Bank	1002 N. Main St.			
Mailing Address ↓ ↓	City ↓ ↓	State ↓ ↓	Zip ↓ ↓	
212 W Willow St	Cherokee	IA	51012	
City $\downarrow$ $\downarrow$ State $\downarrow$ $\downarrow$ Zip $\downarrow$ $\downarrow$ Cherokee IA 51012	Phone (712 ) 229-0296			
	e-Mail murphy4recorder@	gmail.com		
STATEMENT OF AFFIRMATION: By filing this document the committe  1. The committee and all persons connected with the committee understarules in Chapter 351 of the Iowa Administrative Code.  2. That Iowa Code section 68A.402 and rule 351—4.9 require the filing of	and that they are subject to the laws in lowa of	these reports on or be	efore the required due dates	
subjects the candidate or chairperson (in the case of committees other that imposition of other criminal and civil sanctions.			***************************************	
3. That lowa Code section 68A.405 and rules 351—4.38 through 4.41 req political materials except for those items exempted by statute or rule. A cor shorter "paid for by" and does not intend to cross the \$750 filing threshold	mmittee that wishes to register a committee	name for purposes of		
4. That lowa Code section 68A.503 and rules 351—4.44 through 4.52 pro	ohibit the receipt of corporate contributions by	y all committees excep	ot for ballot issue PACs.	
5. A candidate and a candidate's committee may only expend campaign f	funds as permitted by Iowa code sections 68	A.301 through 68A.30	3 and rule 351—4.25.	
That the committee will continue to file disclosure reports until all activit dissolution (DR-3) has been filed.	ity has ceased, committee funds spent, debts	resolved, and a final	report and a statement of	
Linger Walker	5/	14/14		
Nach Walled Mushy	5/19	Date Signed		
Signature of Candidate, OR, for all other committees, Chairperson		Date Signed		

FORM

STATEMENT

FOR INSTRUCTIONS, SEE BACK OF FORM